



BACKGROUND CHECK

A successful criminal history check is required for persons prior to attending the volunteer orientation. We will notify you via email of satisfactory completion of the check as well as the next available orientation class if the criminal history check is acceptable.

Initials _____ I understand my criminal check history must be acceptable and that I will be notified via email if I am eligible to attend the volunteer orientation meeting.

Initials _____ I understand that if accepted as a volunteer my email address may be shared with other volunteers for purposes of volunteer related communications and event coordination.

LIABILITY WAIVER

I, THE INDIVIDUAL NAMED HEREIN BELOW, ACKNOWLEDGE AND UNDERSTAND THAT WORKING WITH ANIMALS MAY BE DANGEROUS AND CAN LEAD TO SERIOUS INJURY OR EVEN DEATH. FURTHERMORE, I UNDERSTAND AND AGREE TO PERSONALLY ASSUME ANY AND ALL LIABILITY AND RISKS OF VOLUNTEERING AT THE KENDALL COUNTY ANIMAL SHELTER (HEREINAFTER REFERRED TO AS THE "SHELTER").

IN CONSIDERATION OF KENDALL COUNTY'S AGREEMENT TO ALLOW ME TO PARTICIPATE IN ITS VOLUNTEER PROGRAM AT THE SHELTER, I AGREE TO IDEMNIFY AND HOLD HARMLESS KENDALL COUNTY, ITS OFFICIALS, AGENTS, REPRESENTATIVES, EMPLOYEES, OFFICERS, AND REPRESENTATIVES FROM EVERY PENALTY, CAUSE OF ACTION, CLAIM, LOSS, COST, DAMAGE, REASONABLE ATTORNEY'S FEES, LEIN AND/OR EXPENSE ARISING OUT OF OR RESULTING FROM MY PERFORMANCE OF VOLUNTEER WORK AT THE SHELTER, VOLUNTEER WORK PERFORMED OFF-SITE FOR THE SHELTER, OR FOR ANY FAILURE OF OBSERVANCE OF ANY RULES, REGULATIONS OR POLICIES OF THE SHELTER OR KENDALL COUNTY. KENDALL COUNTY SHALL NOT BE LIABLE FOR DAMAGES TO ME ARISING FROM ANY ACT OF ANY THIRD PARTY OR ANIMAL. I FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS KENDALL COUNTY FROM AND AGAINST ALL CLAIMS OF WHATEVER NATURE ARISING FROM ANY OF MY FUTURE NEGLIGENT ACTS, OMISSIONS OR NEGLIGENCE, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE WHATSOEVER CAUSED TO ANY PERSON, ANIMAL OR TO THE PROPERTY OF ANY PERSON OCCURING WHILE I AM PROVIDING VOLUNTEER WORK TO KENDALL COUNTY, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE OCCURING ON KENDALL COUNTY'S PREMISES; PROVIDED, HOWEVER, I ACKNOWLEDGE THAT I SHALL NOT BE RESPONSIBLE FOR THE NEGLIGENCE OF KENDALL COUNTY.

I understand and agree that as a volunteer, I am not an employee of Kendall County, and I am not entitled to any compensation or benefits of any kind, except as otherwise required by law. By signing below, I hereby agree that I will not object to or challenge the protocols and procedures outlined by the Sergeant of the Kendall County Animal Shelter. This includes, but is not limited to: not entering unauthorized areas, not touching animals that are in unauthorized areas due to the risk of transmitting contagious disease to other animals, not bringing cameras on the premises unless directly asked to by the Sergeant, not representing yourself as an employee of the Shelter and not leaving any doors unlocked at any time. Violation of any of these guidelines is grounds for immediate removal from the premises and termination of all future volunteer opportunities with the Kendall County Animal Shelter.

Printed Name: _____

Signature: _____

Date: _____

Age: _____

Please note that your acceptance into, and continued participation in, the volunteer program is, among other things, dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward animal shelters and our specific activities, and whether we have positions available for your specified time slots.

**KENDALL COUNTY ANIMAL SHELTER
Authorization & Release Form**

To be engaged as a volunteer (age 18 and over) for Kendall County, a prospective worker must satisfactorily pass a criminal history check. This form authorizes Kendall County to obtain criminal history information on the applicant.

Instructions: This form is to be completed by the applicant. Print legibly and complete all information requested.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: (M/DD/YYYY)*SSN:		LIST ANY FORMER NAME USED:
PLACE OF BIRTH: CITY, STATE, COUNTY	DRIVER'S LICENSE NUMBER:	STATE LICENSE ISSUED:

From M/DD/YYYY	To M/DD/YYYY	City	State	Zip	County

Acknowledgement and Authorization

I hereby authorize a duly accredited representative of Kendall County to check for any warrant or criminal history record information, to check DPS for driving records and sex offender registration records. Kendall County can also obtain any information from schools, previous employers and perform reference checks. This information may include: education, history, work history, arrest and conviction records. I hereby release Kendall County and all its officers, employees and entities providing information or reports, about me from all liability resulting from the use of information obtained as part of this background check. I certify that the information provided by me on this form is true, complete and correct to best of my knowledge. I understand that any false information provided herein will void my application for volunteering and may result in termination. I further understand that a criminal history may disqualify me for volunteering at Kendall County.

Signature: _____ Date: _____